



Chatham County ~ Department of Building Safety & Regulatory Services
 Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
 Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
 Office: 912-201-4300 | Fax 912-201-4301 Website: <https://buildingsafety.chathamcountyga.gov/>

Occupational Tax Application

Acceptance of payment by Chatham County does not constitute final approval of the business tax application. This application is subject to all necessary approvals. Said business tax fee shall be refunded in the event that final approval is not granted. (\$75 Admin. Fee is non-refundable). **All Renewals are due annually, on or before March 1st.**

Occupational Tax Certificate Number: _____ Calendar Year: _____

NAICS Code: _____ Classification: _____ Class Code: _____

1. Type of Certificate: New Amend Property Identification Number (PIN): _____

2. Business Location:

Existing Building New Building Mobile Home Park Home Based *(Complete Homeowner's Affidavit)*
 No Local Office Woman Owned Minority Owned

3. Applying Applicant's Information:

Name: _____

Your relationship with this business: Manager Officer Registered Agent Sole Owner

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Sex: _____ Race: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? YES NO If Yes, give date and offense: _____

4. Business Information: Individual Corporation (INC., LLC) Partnership

Advertised Business Name: _____

Corporation Name: _____

Business Address: _____ City _____ State: _____ Zip Code: _____

Business Phone: _____ Other Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

5. Type of Business:

Dominant Activity _____ Secondary Activity _____

6. E-Verify # _____ OR EXEMPT

I Elect to pay a \$400 Flat Tax in Lieu of Reporting profitability ratio bracket and paying a tax based on profitability ratio.

Certain **PRACTITIONERS OF THE PROFESSIONS** may elect to pay \$400 per practitioner in lieu of reporting and paying a tax on profitability ratio. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and if you and all members of your firm elect to pay the flat per-PRACTITIONER tax this year, check below submit your payment with this return. (See Back)

7. ENTER GROSS RECEIPTS

Business from Tax schedule \$ _____

BRACKET #
*From Tax Schedule

* LATE FEE \$ _____

***Attach proof of how you determined the gross Receipts bracket entered on line 7 in order for your application to be processed.**

* _____ \$ _____

Total Amount Due: \$ _____

I, the undersigned applicant, hereby register said business to operate within unincorporated Chatham County limits, and certify I am the person authorized by the business herein named to file this application, including any accompanying documents. I further certify that all statements and information provided on and with this application are True, correct and complete.

Signature of Applying Applicant

Application Date



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*****OFFICIAL USE ONLY*****

Occupational Tax Staff:

Payment: Cash Credit Card Check/M.O. # _____ Receipt # _____

*

Zoning Approval:

This location Is Is NOT properly zoned for the proposed business use. Zoning District _____

Zoning Administrator: _____ Date: _____

*

Fire Approval:

This proposed business & location Does Does NOT meet the Chatham County Local Ordinances. Occupancy Load _____

Fire Inspector: _____ Date: _____

*

Police Approval:

Any previous complaints from CCPD: Yes No Criminal Background Record: Yes No

If YES, please explain:

This business and/or applicant: Is Is NOT approved by CCPD.

Police Department: _____ Date: _____

CHATHAM COUNTY OCCUPATIONAL TAX APPLICATION REQUIREMENTS

The following documentation will be required before your application can be approved and processed.

- {X} P.I.N. [Property Identification Number]:** Found on your property tax bill or call the Tax Assessors Office: (912) 652-7271 <https://buildingsafety.chathamcountyga.gov/>
- {X} Proof of Location:** Signed lease, utility bill, mortgage note, and/or letter of authorization (along with utility bill) from homeowner, etc. (In applicant's/business name)
- {X} Copy of Driver's License / State ID/ Passport**
- {X} Notarized Affidavit Verifying Status for County Public Benefit Application**
- {X} Notarized Private Employer Affidavit (E-Verify):**
- {X} Homeowner's Affidavit:** Required for ALL Home Base Businesses
- {X} Proof of Gross Receipts:**
- { } State License:** Required for ALL State Regulated Professions
- { } Incorporation Certificate:** Required if business is Incorporated or LLC (Certificate Page Only)
- { } Food Service Permit:** Contact Health Department (912) 356-2160 - (All Prepared & Mobile Food Services)
- { } Dept. of Agriculture:** If required, contact (800)282.5852 (*seafood, meat, food cottages, fruit & vegetables, live plants, pet dealer*)
- { } Change of Ownership:** Required for business ownership change. Must be completed by previous owner.

***CASHIER CLOSSES AT 4:00 P.M. DAILY - NO CASH PAYMENTS OVER \$150.00 ACCEPTED**

Building Safety website: <https://buildingsafety.chathamcountyga.gov/> **Phone: (912) 201-4302**

GA Sales Tax: Department of Revenue (912) 748-5199 or <https://dor.georgia.gov/taxes/business-taxes/sales-use-tax>

Corporation Information: GA Secretary of State (404) 656-2817 <https://sos.ga.gov/>

Police Department: Approval required before business tax certificate may be issued for certain business classifications, including, but not limited to: Alcoholic beverages, Sunday sales, Escort or Dating service, Gun sales, Pawn brokers, Loan or Mortgage brokers, Detective Agency or Security Guard Service, All transient merchant & peddlers, gold and precious metal dealers, etc.

OCCUPATIONAL TAX SCHEDULE

The business tax amounts (Includes a \$75 base tax) for the various brackets or ranges of gross receipts in each profitability class are shown below:

Business Tax by Profitability Class (A – F)

Bracket	Base Rates Range in Dollars	A .00047	B .00057	C .00067	D .00077	E .00087	F .00097
1	\$1 - \$30,000	\$82	\$84	\$85	\$86	\$88	\$89
2	\$30,001 - \$100,000	105	112	118	125	131	138
3	\$100,001 - \$200,000	145	160	175	190	205	220
4	\$200,001 - \$300,000	192	217	242	267	292	317
5	\$300,001 - \$500,000	263	303	343	383	423	463
6	\$500,001 - \$750,000	368	431	493	556	618	681
7	\$750,001 - \$1,000,000	486	574	661	748	836	875
8	\$1,000,001 - \$2,000,000	780	930	1,080	1,230	1,380	1,530
9	\$2,000,001 - \$3,000,000	1,250	1,500	1,725	2,000	2,250	2,500
10	\$3,000,001 - \$4,000,000	1,720	2,070	2,420	2,770	3,120	3,470
11	\$4,000,001 - \$5,000,000	2,190	2,640	3,090	3,540	3,990	4,440
12	\$5,000,001 - \$6,000,000	2,660	3,210	3,760	4,310	4,860	5,410
13	\$6,000,001 - \$8,000,000	3,365	4,065	4,765	5,465	6,165	6,865
14	\$8,000,001 - \$10,000,000	4,305	5,205	6,105	7,005	7,905	8,805
15	\$10,000,001 and over	4,775	5,775	6,775	7,775	8,775	9,775

****(Effective July 1st – Dec. 31st Fees are Prorated half (1/2)***

Calculating License Fees

1. New Businesses determine your gross receipt bracket by estimating the income for the coming Tax Year. The number to the left indicates the bracket number. Renewals: gross receipt is determined by the previous year's gross revenue.
2. Match the Tax Profitability class (A-F) shown on the Business Tax Renewal Form with the gross receipt bracket selected to determine fee.

***ALL licenses Expire December 31st of the year issued.
Renewals made after March 1st will be penalized by adding the greater of \$25 or 10% of amount due.***

Payments are received Monday - Friday from 8:00AM thru 4:00PM in the form of Cash, Check, Credit Card or Money Order made payable to Chatham County (No cash accepted over \$150).

STATE LICENSE REQUIRED (A Few Examples)

Alarm Agency – State license & Fingerprint card
Architect
Attorney
Auctioneer
Automobile Dealer, Used
Automotive Parts Dealer, Used
Barber - ***Shop license & Individual Barber's license***
Beautician - ***Shop license & Individual Cosmetologist License***
Chiropractor
Contractor – ***Commercial & Residential***
Contractor - ***Electrical, Electric Signs***
Contractor - ***Low Voltage Alarm Systems***
Contractor - ***Low Voltage Communications Systems***
Contractor - ***Low Voltage Electrical, Unrestricted***
Contractor - ***Fire Protection Sprinkler Systems***
Contractor - ***Heating, Refrigeration, Air Conditioning***
Contractor - ***Plumbing***
Contractor - ***Prefabricated Building Erection/Installation***
Counseling Service - ***Personal***
Counselor, Marriage and Family
Day Care Center – ***Bright From the Start Certificate (SIC 8351, 8352, 8353, 8354)***
Dentist
Exterminator, Pest Control Service
Funeral Director
Hearing Aid Dealer
Landscape Architect
Nail Salon - Salon license & Nail Tech. license
Motor Vehicle Dealer
Polygraph Examiner
Physician –
Practitioners
Private Detective
Psychologist
Professionals, ***as defined by State law***
Real Estate Agent (Broker) -
Security Agency – State license & fingerprint card
Therapist
Veterinarian
Warehouse (O.C.G.A. 10-4-10)

*ALL agencies and individuals who are REQUIRED BY LAW to obtain a State license will **NOT** be issued a local license. A current State of Georgia license **MUST** be included with all new and renewal applications in order to obtain a Chatham County Business occupational Tax Certificate.

**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) ___ I am a United States citizen: **or**;
- 2) ___ I am a legal permanent resident of the United States. **or**;
- 3) ___ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. ***My alien number issued by the Department of Homeland Security or other federal immigration agency is _____.**

*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by **O.C.G.A. 50-36-1(e)(1)**, with this affidavit. **The secure and verifiable document provided with this affidavit can be classified as _____** (such as: *state issued driver's license, state issued identification, passport, etc.*)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G.A. §16-10-20** , and face criminal penalties as allowed by such criminal statute.

Executed on _____ day of _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer/Agent

Printed Name of Authorized Officer/Agent

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Notary Public (SEAL)

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Please Check Only One:

- 1. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer** employees.
- 2. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees.

Name of Private Employer (*Business Name As Advertise*)

Date of Authorization

_____ (E-Verify Number)

Federal Work Authorization User Identification Number
**This is NOT your Federal Tax Identification Number*

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ day of _____, 20____ in _____ (City), _____ (State)

Signature of Applying Applicant

Printed Name of Applying Applicant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Notary Public (SEAL)



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Homeowner’s Affidavit

On this _____ day of _____, 20_____, first being duly sworn, I,

_____, agree with this affidavit, relating to the business of:
 (Print Applicant’s Name)

_____, P.I.N: _____
 (Business Name)

Business Location: _____ City: _____ ST: _____ Zip: _____
 (Physical Street Address)

The above named business will be conducted according to Chatham County Zoning Ordinance, Section 2-28, Home Occupation, which states “an occupation carried on within a dwelling, occupying no more than 25% of the gross livable area of the dwelling, employing only family members residing in the home, using only such equipment as is customarily found in the home, involving no display of articles or products or signs, and, having no on-site storage of related supplies, materials, machinery or vehicles larger than a 3/4 ton truck kept or stored at the above location.”

Only Home Occupation activities identified in Section 2-28 of the County Zoning Ordinance shall be allowed. The business will be conducted without customers or employees coming and going from the above referenced location. Deviation from the perimeters of a permitted home occupation or home business office will result in the revocation of all business tax certificates associated with the use and its operation.

NO MATERIALS FOR THIS BUSINESS WILL BE STORED AT THIS LOCATION.

Signature of Applying Applicant

Sworn to and subscribed before me this
 _____ day of _____, 20_____.

 Notary Public (SEAL)